| Effective October 1, 2004 09 449, 002                                    |   |                             |                                  |             |                |   |                   |     |                     |                   |         |                |                    | 2 1                                   |
|--|---|-----------------------------|----------------------------------|-------------|----------------|---|-------------------|-----|---------------------|-------------------|---------|----------------|--------------------|---------------------------------------|
| CLAMIS AS FILED - PART (<br>(Column 1) (Column 2)                        |   |                             |                                  |             |                |   |                   |     | SMALL ENTITY TYPE   |                   |         | OR             | OTHER              | ENTITY                                |
| FOR  |   |                             | NUMBER FILED                     |             |                | NUMBER EXTRA                            |                   |     | RATE                | ·Fŧ               | E       |                | RATE               | FEE                                   |
| BASIC FEE  |   |                             |                                  |             |                |   |                   | ŀ   |                     | 395               | .00     | OR             |                    | 790.00                                |
| TOTAL CLAIMS   |   |                             | 27                               | minus       | 20 =           | •                                       |                   |     | x\$11=              |                   | -       | OR             | x\$22=             | -                                     |
| INDEPE   | NDENT CLA   | MS                          | <u> 3</u>                        | · mine      | 53=            | • .                                     |                   |     | x41=                |                   |         | OR             | x82=               |                                       |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |                             |                                  |             |                |   |                   |     | +135=               |                   | · · ·   | OR             | +270=              |                                       |
| * If the difference in column 1 is less than zero, enter "O" in column 2 |   |                             |                                  |             |                | Į                                       | TOTAL             |     |                     |                   | TOTAL   |                |                    |                                       |
| •  |   |                             |                                  | •           | OR             |   | 。 。 海绵            |     |                     |                   |         |                |                    |                                       |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |   |                             |                                  |             |                |   |                   | ! . | SMALL               | ENT               | TY_     | OR .           |                    | ENTITY                                |
| ENT  |   | REMA<br>** AFT<br>AMENIC    | INING<br>ER                      |             | PRE            | GHEST<br>UMBER<br>EVIOUSLY<br>UD FOR    | PRESENT<br>EXTRA  |     | RATE                | ADI<br>TION<br>FE | KAL     |                | RATE               | ADDI-<br>TIONAL<br>FEE                |
| WQ To  | tal   | . 14                        | 2.0                              | Minus       | ••             | 27                                      | - 0               |     | x\$11=              | -:                |         | 08             | <b>x\$22=</b>      |                                       |
| AMENDMENT  | lependent   | • 3                         |                                  | Minus       | -              | 3                                       | = 0               |     | x41=                |                   | :       | OR             | x82=               | · · · · · · · · · · · · · · · · · · · |
| FI   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                             |                                  |             |                |   |                   |     | +135=               |                   | • .     | OR             | +270=              |                                       |
| (Column 1) (Column 2) (Column 3)   |   |                             |                                  |             |                |   |                   |     | TOTAL<br>DDIT, FEE  |                   |         | OR             | TOTAL<br>DOT, FEE  |                                       |
| ENT B  |   | CLA<br>REMA<br>AFT<br>AMEND | IMS<br>INING<br>IER              |             | HI<br>N<br>PRE | olumn 2) IGHEST UMBER EVIOUSLY ALD FOR  | PRESENT EXTRA     | -   | RATE                | AD<br>TIO         | VAL.    | A Al Berton, C | PE AK<br>RATES     | CADDI-<br>TIONAL<br>FEE:              |
| AMENDMENT  | tal   | • //                        |                                  | Minus       | 2              | 27                                      | =                 | ŀ   | x\$11=              |                   |         | OR:            | x\$22=             |                                       |
| ME IN  | sependent   | . / /                       | 9                                | Minus       | •••            | $\mathcal{J}^{\cdot}$                   | =                 |     | x41=                | 2                 |         | OR             | x82=               |                                       |
|  | IRST PRES   | SENTAT                      | 10W OF                           | MULTIPLE    | 0EP6           | ENDENT CL                               | MIA               |     | +135=               |                   |         | OR             | +270=              |                                       |
| (Column 1) (Column 2) (Column 3)   |   |                             |                                  |             |                |   |                   | .,  | TOTAL<br>VOOIT FEE  | يا                | •• 3. * | OR             | TOTAL<br>ADDIL FEE | to the                                |
| AMENDMENT C  |   | AMENI                       | UMS<br>UNUNG<br>TER : S<br>OMENT |             | PRI<br>Pri     | IGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA  |     | RATE                | TIG               | € =     |                | RATE               | ADDI-<br>TIONAL<br>FEE                |
| NON TO   | al .  | ***                         | · · · · ·                        | Minus       | <u> </u>       | •                                       | =                 |     | x\$11=              | -                 | 7       | OR             | <b>x</b> \$22=     |                                       |
| AME  | dependent   | :                           | •                                | Minus       |                | ·                                       | =                 |     | x41=                |                   |         | OR             | x82=               |                                       |
| F  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                             |                                  |             |                |   |                   |     |                     | Ŀ                 | ì       | OR             | +270=              |                                       |
| if the   | <b>"Highest Nun</b>   | nber Pre                    | viously Pa                       | id For M TH | IS SPA         |   | a 20, enter "20." |     | TOTAL<br>ADDIT. FEE | •                 |         | .OR            | TOTAL<br>ADOIT FEE |                                       |

Application or Docket Number